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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875  |   |   |   | Application or Docket Number<br><b>10/581,119</b> | Filing Date<br><b>05/30/2006</b> | <input type="checkbox"/> To be Mailed |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|---|---|---|----------------------------------|---------------------------------------|----------------------------------|------------------------|------------------------|----------------------------|------------|----------------------------|--|------------|------------|---|--------------|---|------------------|--------------|------------------------|--------------|------------------------|---|----------|---|------------------|---|------------------------|-----------|------------------------|------------------------------|------|-------|--|-----|--------|-----|--------|--|---|---|-----------------------|-------|-----------------------|-----|--------|--|----------------------------------|------------|---|--|--|--------|-----------------------|--|-----------------------|---|--------|--|--------|--|---|---|--|-------|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------|--|--|------------|------------|----------------------------|--|--|-----------|---|--|---|------------------|-----------|------------------------|-----------|------------------------|------------------------|---|-------|----|---|--------|--|--------|------------------------------|---|-------|-----|---|--------|--|--------|--|--|--|-----------------------|--|-----------------------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">APPLICATION AS FILED – PART I</th> <th colspan="4" style="text-align: right; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; padding-bottom: 5px;">(Column 1)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 2)</th> <th style="text-align: center; padding-bottom: 5px;">SMALL ENTITY <input type="checkbox"/></th> <th colspan="3" style="text-align: right; padding-bottom: 5px;">OR</th> <th style="text-align: center; padding-bottom: 5px;">SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">FOR</td> <td style="padding: 5px;">NUMBER FILED</td> <td style="padding: 5px;">NUMBER EXTRA</td> <td style="padding: 5px;">RATE (\$)</td> <td style="padding: 5px;">FEE (\$)</td> <td style="padding: 5px;">RATE (\$)</td> <td style="padding: 5px;">FEE (\$)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">N/A</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td style="padding: 5px;">minus 20 =</td> <td style="padding: 5px;">*</td> <td style="padding: 5px;">X \$ =</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">X \$ =</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="padding: 5px;">minus 3 =</td> <td style="padding: 5px;">*</td> <td style="padding: 5px;">X \$ =</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">X \$ =</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="2" style="padding: 5px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. 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| APPLICATION AS FILED – PART I  |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Column 1)   | (Column 2)  | SMALL ENTITY <input type="checkbox"/>     | OR  |   |                                  | SMALL ENTITY                          |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FOR  | NUMBER FILED  | NUMBER EXTRA                              | RATE (\$)                                   | FEE (\$)  | RATE (\$)                        | FEE (\$)                              |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))  | N/A   | N/A                                       | N/A   |   | N/A                              |                                       |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))   | N/A   | N/A                                       | N/A   |   | N/A                              |                                       |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))  | N/A   | N/A                                       | N/A   |   | N/A                              |                                       |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))   | minus 20 =  | *   | X \$ =                                      |   | X \$ =                           |                                       |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))   | minus 3 =   | *   | X \$ =                                      |   | X \$ =                           |                                       |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))   |   |   |   |   |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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margin-top: 10px;">Legal Instrument Examiner:<br/><b>/KAREN VESTAL/</b></p> |   |   |   |   |                                  |                                       | APPLICATION AS AMENDED – PART II |                        |                        | OTHER THAN<br>SMALL ENTITY |            |                            |  | (Column 1) | (Column 2) | (Column 3)                                | SMALL ENTITY | OR  |                  |              | SMALL ENTITY           | AMENDMENT    | 06/15/2009             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$)   | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) | Total (37 CFR 1.16(i))       | * 14 | Minus | ** 20  | = 0 | X \$ = |     | OR     | X \$ 52=   | 0 | Independent (37 CFR 1.16(h))  | * 5                   | Minus | ***5                  | = 0 | X \$ = |  | OR                               | X \$ 220=  | 0 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |        | TOTAL<br>ADD'L<br>FEE |  | TOTAL<br>ADD'L<br>FEE |   | 0      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  | <table border="1" style="width: 100%; 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|  | Total (37 CFR 1.16(i))  | * 14                                      | Minus                                       | ** 20   | = 0                              | X \$ =                                |                                  | OR                     | X \$ 52=               | 0                          |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Independent (37 CFR 1.16(h))  | * 5                                       | Minus                                       | ***5  | = 0                              | X \$ =                                |                                  | OR                     | X \$ 220=              | 0                          |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (Column 1)   |   |   | (Column 2)                                  | (Column 3)  | OTHER THAN<br>SMALL ENTITY       |                                       |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                | RATE (\$)                        | ADDITIONAL<br>FEE (\$) |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total (37 CFR 1.16(i))  | *   | Minus                                       | **  | =                                | X \$ =                                |                                  | X \$ =                 |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Independent (37 CFR 1.16(h))  | *   | Minus                                       | ***   | =                                | X \$ =                                |                                  | X \$ =                 |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   | TOTAL<br>ADD'L<br>FEE                             |                                  | TOTAL<br>ADD'L<br>FEE                 |                                  | 0                      |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |            |   |              |   |                  |              |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |        |     |        |  |   |   |                       |       |                       |     |        |  |                                  |            |   |  |  |        |                       |  |                       |   |        |  |        |  |   |   |  |       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                            |  |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |                       |  |                       |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
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